

relation to the activity of the nervous centres. for both these ingredients increase from infancy to adult age, and decrease afterwards, as the influence of advancing age tells upon the system. "The facts, indeed, are well calculated to suggest the question whether phosphorus may not be as necessary as fat to the proper nutrition of a weak nervous system—as necessary as iron where there is a deficiency of red corpuscles in the blood; and this question once put, would seem to require an answer in the affirmative." Given in medicinal doses, Dr. R. has seen enough, he tells us, to know that the remedy may be given with the unmistakable promise of real and substantial good. The form in which he has prescribed the phosphorus is by dissolving grs. xij in one ounce of almond oil, by the aid of warm water, of which the dose is from five to ten minims. He has also given the phosphorated oil along with cod-liver oil, in a little orange wine, say five to ten minims of the first, to from two to four drachms of the second, twice or thrice a day.

Dr. R. believes, also, that a continuous galvanic current applied along the spinal cord, by means of a modification of Pulvermacher's electric band, may be an important help towards recovery in the case of some epileptics, though not, perhaps, in all.

From a careful study of the entire treatise we are persuaded that, even while the author's peculiar physiological views may not be received in their full extent, hints will be acquired in relation to the nature and causation of convulsive diseases generally, which cannot fail to lead to a rational therapeutics, and to a much greater success, both in their prevention and in their cure, than we can now boast of.

D. F. C.

---

ART. XXIV.—*Lectures on the Diseases of Women.* By CHARLES WEST, M.D., etc. etc. Second American Edition of the Second London Edition. Philadelphia: Blanchard & Lea, 1861. 8vo. pp. 483.

THE volume before us comprises the revised edition of the portion of Dr. West's lectures first published in 1856, with those which have subsequently appeared, containing the author's account of the diseases of the uterine appendages—of the female bladder and urethra—the vagina and external sexual organs.

These lectures, thirty-three in number, present a series of instructions upon the leading sexual diseases of women, those, at least, occurring out of the periods of pregnancy, parturition and childbed; instructions which are especially valuable because of the caution and perfect candour evinced in their preparation and enunciation—the talents and experience of the lecturer, and the wide discrepancy of opinion which still exists among practitioners of eminence in regard to the true character and pathology and the proper treatment of certain of these diseases, reputed to be of great frequency.

There is a peculiar feeling of security and satisfaction experienced in the study of the writings of Dr. West, which we fear is not realized, to the same extent at least, in the perusal of the productions of very many of those whose reputation as medical teachers may even, perhaps, exceed that of our present author—a security and satisfaction arising from the conviction that his sole aim is truth—that he deals, as far as in him lies, with facts accurately stated, and in no instance intentionally perverted from their legitimate bearing to establish some favourite theory or practice.

While Dr. West makes free use of the labours of others occupied in the same field of inquiry with himself, so far as these are available for his purpose, his leading deductions are drawn, in great part, from his own personal observations. It is this, taken in connection with the ample field he has so long enjoyed for the clinical investigation of most of the diseases of which he treats, and with his habits of close investigation and careful analysis, which gives to his teachings a degree of authority scarcely to be claimed, to a similar extent, at least, by any mere compilation—by any system of pathological and practical teaching based upon facts, however unexceptionable, which the author has not gathered

from his own personal observations, but owes almost exclusively, if not entirely to the researches of others.

Every portion of the lectures before us may be consulted with profit. In addition to the first twenty lectures, a notice of which was given by us when they first appeared, some five years ago, we would direct particular attention to that portion of the twenty-third lecture which treats of a form of inter-pelvic disease to which investigation has been directed, within a few years past, chiefly by the French writers. We allude to tumours formed in the immediate vicinity of the uterus, by the effusion of blood either into the cellular tissue around the organ, or into the peritoneal cavity in the *cul-de-sac* between the uterus and rectum. The hemorrhage, in both instances, being usually associated with some previous disorder of the menstrual function—often with the temporary suspension of the catamenia; the congestion of the sexual organs relieving itself by a profuse outpouring of blood. The affection to which we refer has received the appellation of uterine, retro-uterine, or peri-uterine hamatocele.

The history of these intra-pelvic hemorrhages, their seat, causes, symptoms, and course—their diagnosis from extra-uterine pregnancy, from retroversion of the uterus, from pelvic abscess, and from ovarian tumour, together with their prognosis and treatment, will be found laid down in the twenty-third of the lectures before us with as much clearness and definiteness as the observations in respect to them recorded by different writers up to the present time would seem to warrant.

From the few cases upon record, it is impossible to determine with any degree of accuracy, either the comparative frequency of the two varieties of uterine hamatocele—the intra- and extra-peritoneal—or the degree of danger by which they are respectively attended. Dr. West was able to collect the histories of only thirty-seven cases, and many of these very meagre in the requisite details. These, with the addition of four other cases, which fell under his own observation, make an aggregate of *forty-one*, of which *thirty-three* terminated favourably, and *eight*, or 19.5 per cent., in death. Dr. W., however, is inclined to believe that the actual fatality of these intra-pelvic hemorrhages is much less than would be inferred from our present imperfect data. Many cases, unquestionably, have escaped recognition. The disposition to the spontaneous absorption of the effused blood, unless the quantity poured out has been enormous, seems to be very great, and menstrual disorder and abdominal pain have probably often passed away without a suspicion having arisen of their connection with hemorrhage around the uterus, or into the cavity of the peritoneum.

“Still,” remarks Dr. W., “every allowance being made for the influence of these circumstances, uterine hamatocele must, I imagine, be always regarded as an accident of a much graver kind than mere inflammation of the cellular tissue in the neighbourhood of the uterus or of its appendages.”

In respect to treatment, two nearly opposite plans have been proposed: the one entire expectant; the other, the complete evacuation, by an early puncture, of the sac. *Fourteen* of the 41 cases, referred to by Dr. W., were treated on the expectant plan; of these, *eleven* recovered, and *three* died. The remaining *twenty-seven* cases were treated by puncture; of these, *twenty-two* recovered, and *five* died. But, as the lecturer correctly remarks, we should hesitate to draw any positive conclusions from such slender data. He considers that “neither plan can be regarded as absolutely the best,” but in the adoption of either the special circumstances of each case must guide us.

“In three of my cases, that alone excepted in which the effusion had already become a chronic evil, the puncture was followed by peritoneal inflammation, which was of great severity; and the existence of an opening in the vagina did not in that instance prevent the establishment of a communication with the bowels, and the discharge of a large quantity of blood per anum. In some instances, too, the fibrin of the blood forms, by its coagulation, a thick layer within the sac, and prevents the escape of the fluid contents after puncture with the trocar; while the enlarging the opening with a bistoury, seems to be free neither from the dangers of hemorrhage on the one side, nor from those of inflammation of the cyst on the other. The complete emptying of the cyst, its subsequent washing out with water, and the injection of a solution of iodine

into it, as practised by M. Velpeau, and advocated by M. Robert, appear to me hazardous proceedings, except when resorted to quite in the chronic state of the affection, when all disposition to hemorrhage has ceased, and the susceptibilities of the cyst wall have become blunted by the lapse of time. In the earlier stages of the affection, absolute rest, local depletion, and the ministering to each symptom as it occurs, are the indications which we should endeavour to fulfill; while the presence of a tumour even of considerable dimensions, or even its increase to some extent after its first discovery should not, I venture to think, lead us to puncture it, apart from some very serious ill, or suffering clearly attributable to it."

After puncture, the great hazard seems to Dr. W. to be that of the super-vention of inflammation, and his own experience leads him to regard this as very considerable, notwithstanding we have it in our power to control it by active treatment.

Seven lectures, from the twenty-fourth to the thirtieth, both inclusive, are occupied by a consideration of the pathology and treatment of the diseases of the ovaries. These lectures present a very full and—considering the obscure character of some of the affections—a very satisfactory account of ovarian inflammation, in its acute and chronic forms—of ovarian abscess; of cystic and colloid growths of the ovaries, and their general course and termination—of ovarian dropsy, its symptoms, diagnosis, prophylaxis, and treatment—the measures proposed for its radical cure, with a very full and candid consideration of the question as to the propriety of the practice of ovariectomy which, within a few years past, has been proposed and somewhat extensively practised, as a proper measure, in cases in which there exists a diseased condition of the ovaries.

The entire series of lectures devoted to the description, history and management of the several morbid conditions of the ovarian bodies are well deserving of an attentive study. The question of the true nature and causes of these morbid conditions is examined with great ability, while the propriety and value of the leading plans of treatment proposed for certain of the chronic affections of the ovaries are discussed with commendable caution and frankness, and an endeavour is made to arrive at a correct decision by a careful and unbiassed examination of the proper deductions that are to be drawn from the best authenticated statistics within our reach.

With respect to the much discussed question—the propriety and beneficial results of ovariectomy—it appears to Dr. W. that while some points involved in it must be still considered as unsettled, there is ground sufficient for certain conclusions which he fears must be considered as unfavourable to the performance of the operation.

"The chief grounds," he remarks, "for this unfavourable opinion may be summed up under the three following heads:—

"1st. The rate of mortality from the operation does not appear to be in course of diminution, as the result of the accumulated experience and increased dexterity gained by its frequent repetition.

"2d. Unlike most operations in which anything like the same rate of mortality occurs, it is scarcely admissible in the doubtful and desperate cases to which the Hippocratic axiom '*ad summos morbos, summe curationes*,' applies. The cases in which it may be hoped that the disease if left alone will advance tardily or become stationary, those in which something may be anticipated from other less hazardous forms of interference, are the very cases that yield the successes on which it has been sought to establish the merits of ovariectomy. It is proved to be very hazardous indeed in the young; it is believed by some very competent surgeons to be attended by so much danger in those past the middle period of life, that they have proposed to regard the operation as contra-indicated in all women who have exceeded the age of forty-five years. The compound cysts, the cysts with solid matter, the malignant, and quasi-malignant growths, those, in short, whose rate of progress is commonly most rapid, which are the most burdensome to the patient, are attended by the greatest suffering, and admit of the least palliation by other means, are precisely the cases in which the surgeon shrinks most from ovariectomy. In the table drawn up by Mr. Humphrey, who himself is an advocate of the operation, cases of this description yielded when

operated on 19 deaths to 20 recoveries; in my own table, deduced from a rather larger collection of facts, 56 deaths occurred to 62 recoveries.

"3d. Not only is the operation so hazardous in those very cases where it is really most called for, that many surgeons shrink then from its performance; but even in instances that may be selected as the most favourable, we have no sure grounds on which to rest our prognosis as to its issue. 'It is, in short, a venture at haphazard, since the medical practitioner is never able, in spite of the large experience already accumulated, to foretell the issue of the operation with the same certainty as guides him in undertaking other serious surgical proceedings. It has, indeed, been seen, in numerous instances, that extirpation of the ovary, though performed under the most favourable conditions, and by the most skillful hand, and without the occurrence of any untoward accident, has yet ended, in a few days, sometimes even in a few hours, in the patient's death.'"

These three reasons, the high mortality which experience and dexterity have failed to lessen; the special hazard attendant on those cases where yet the operation is specially indicated, and the utter uncertainty in which we find ourselves, even in the most favourable cases, as to its probable result, have been those which have chiefly influenced Dr. W. in the formation of his opinion as to the general inexpediency of performing ovariectomy.

The fallacy of the argument in favour of ovariectomy, based on the allegation that it is not attended by even as high a rate of mortality as are many other operations constantly taught and frequently practised, is clearly exposed. He does not deny that there may exist cases of ovarian disease in which, it is probable, the performance of the operation of extirpation by the knife may be justifiable. But, he remarks—

"At present, we are not in a position to lay down the indications justifying ovariectomy, or if we can succeed in sketching them in our study we cannot aver that they exist in any case which we meet with in practice; nor can we venture on any reliable grounds to express a prognosis as to the issue of our interference even when the operation has been performed with the greatest success and the fewest difficulties. Till we can do this, however, the operation seems to me to take its place by the side of those exceptional proceedings, the expediency of which must be determined by each one for himself after a careful consideration of the peculiarities of the case and the idiosyncrasies of the patient."

We have indicated, for special consideration the lectures, in the volume before us, on uterine hæmatocele and the leading ovarian diseases, not because we consider that the author has treated of the maladies in question with greater fulness and ability than he has the others which fall within his course, or that he has thrown any additional light upon their true character—more clearly determined their diagnosis, or laid down a more exact and certain plan for their treatment; but rather from the obscurity in which the majority of the diseases alluded to are involved, the very great difference of opinion existing among the leading authorities of the day on almost everything which regards their pathology and treatment, and the thorough and candid investigation which Dr. W. has made of all the facts that have a tendency to render their diagnosis and prognosis, as far as possible, clear and certain, and to throw system and efficiency into their therapeutical management.

The whole thirty-three lectures are deserving of careful study. Every disease embraced in them is ably discussed, and with evidently a conscientious desire to lead the reader to a correct understanding of its nature, and a just appreciation of the value of the methods recommended for its cure or alleviation. From the teachings of no one will more definite views in reference to the same class of maladies—their pathological character and their therapeutical management, be acquired than from those of Dr. W. as embodied in the lectures before us, and expressed in language clear, terse and unaffected.

D. F. C.